	Express Mail Label No. (if applicable)					
	Application No.	09/955,473				
on	Confirmation No.	7771				
	Filing Date	September 17, 2001				
	First Named Inventor	Furney et al.				
	Group Art Unit	2174				
	Examiner Name	Ryan F. Pitaro				

213307

00,212

Request for Continued Examination (RCE) Transmittal

Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Attorney Docket No.

Client Reference No.

	_	_									
1.	1. Submission required under 37 CFR 1.114										
•	a. Previously submitted										
	٠.	i.			r the amendment(s)/reply under 37 CFR 1.116 previously filed on						
			(Any une	ntered ame	ered amendment(s) referred to above will be entered.)						
		ii.	☐ Consid	er the arg	guments in th	ne Appeal B	Brief or Re	eply Brief prev	iously file	ed on	
		iii.	Other:	*							
	b.	\boxtimes	Enclosed								
		i.		ment/Re	oly		iv.				
		ii.	☐ Affidav	it(s)/Decl	aration(s)		٧.			ces listed in For	
			_						U.S. patent	s and applications)	
	iii. Information Disclosure Statement (IDS)				vi.	vi. 🗌 Other:					
2.	Mi	scel	laneous								
	 a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for 							c) for a period			
	of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)										
	b. Applicant claims small entity status. See 37 CFR 1.27										
	C.		Other:								
3.	. Fees - The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.										
a. Please charge Deposit Account No. 12-1216 in the total amount indicated below.											
i. RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e)						\$810.00					
ii. One-month extension of time fee of \$ 0.00 (37 CFR 1.136 and 1.17)						\$ 0.00					
		iii.		ension for				red and the f		erefor of	
								otal amount o			
			reques		ca nom me	0141100 44	0 101 1110 1	otal alliount o			
		iv.			xtension of ti	me (includ	ina the pe	riod noted ab	ove. if ch	ecked), as	
		10.	well as	for any a	dditional ner	ind necess	arv to rer	der the prese	nt submis	ssion timely.	
								the appropria			
		v.			ction fee of \$						\$ 0.00
		vi.	Other:			, , , , , , , , , , , , , , , , , , , ,					
		vii.	Claim f								
		VIII.	CLAIMS	1	HIGHEST						
			REMAINING		Number	EXTRA		App'ı.		ADD'L	
			AFTER		PREVIOUSLY	CLAIMS		CLAIM		CLAIM	
CLA	ім Е	EE	AMENDMEN	т	PAID FOR	PRESENT	RATE	FEE	RATE	FEE	
Tot	AL		20	Minus	20	= 0	x 26 =		x 52 =		
IND	PEN	NDEN	т 5	Minus	5	= 0	x 110 =		x 220 =		
☐ FIRST PRESENTATION OF MULTIPLE CLAIM + 195 = + 390 =											
						Tota	al amoun	t to be charg	ed to De	osit Account	\$810.00
	b.	Ø	The Comm	issioner i	s hereby aut	horized to	charge ar	y deficiencies	in the at	ove fees or to	
b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216.					1						

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED							
Name (Print/Type)	Mark Joy	Registration No. (Attorney/Agent)	35,562				
Signature	Malan	Date	November 13, 2009				
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)				